



BC Centre for Disease Control
An agency of the Provincial Health Services Authority

Date: October 17, 2012

ATTN: Medical Health Officers and Branch Offices
Public Health Nursing Administrators and Assistant Administrators
Holders of Communicable Disease Control Manuals

**Re: Revisions to the Communicable Disease Control Manual –
Chapter II, Immunization Program**

Please note the following changes to the Communicable Disease Control Manual, Chapter II - Immunization Program:

(1) SECTION III, IMMUNIZATION OF SPECIAL POPULATIONS

Page 17, Table 4: “Worksheet for Immunization of Adult Hematopoietic Stem Cell Transplant (HSCT) Recipients (those ≥ 18 years of age).”

In consultation with HSCT specialists and consistent with current expert advisory body recommendations and/or available data Table 4 has been updated as follows:

- The wording of the recommended initiation and interval dates has been revised to provide clarity and in keeping with the National Advisory Committee on Immunization, American Committee on Immunization Practices and supporting articles.
- New footnote ① added specifying that the HSCT specialist will determine the appropriate time to commence immunization and will provide written guidance accordingly.
- DTaP-IPV-Hib (PEDIACEL®) to replace Tdap (ADACEL®) and to be given at 6, 7, 8 and 18 months after the HSCT.
- Hepatitis B vaccine has been moved to a 0, 1 and 10 month schedule to provide protection as soon as possible and to eliminate an extra visit (i.e. the third dose now given with other vaccines at 18 months after HSCT as opposed to at 12 months where no other vaccines are due).

Administrative Circular 2012:20

**IMMUNIZATION PROGRAMS AND VACCINE PREVENTABLE DISEASES
SERVICE**

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- Hepatitis B serology has been revised eliminating the need to automatically provide an entire 2nd series if the client's anti-HBs is < 10 IU/L after the initial three doses. New recommendation to provide a single additional dose, wait one month and re-test anti-HBs. If anti-HBs is < 10 IU/L then the second series is to be completed (counting the one additional dose as the first in the 2nd series). One month after the final dose of the 2nd series, re-test anti-HBs and if < 10 IU/L client is considered a non-responder. Addition of the recommendation to provide post-exposure prophylaxis to non-responders in the case of a blood or body fluid exposure.
- The interval between the two Hepatitis A vaccine doses has been extended to 11 months to avoid an additional visit (i.e. at 12 months).
- Prevnar®13 has been added and is to be given at 6, 7, and 8 months post HSCT followed by PPV23. A second dose of PPV23 is recommended 5 years after the first PPV23.
- Meningococcal Quadrivalent Conjugate vaccine is to be followed one month later by a single dose of Meningococcal C Conjugate vaccine. This is in keeping with NACI's recommendation for meningococcal immunization of children from 2 – 10 years of age in high risk groups.
- Influenza vaccine may now be initiated as early as 3 months after HSCT. If influenza vaccine is commenced < 6 months post HSCT, a second dose should be offered 28 days later.
- The following new requirements have been added before live vaccines may be administered: immunosuppression has been discontinued for at least 3 months and written approval is provided by the transplant specialist.
- MMR and Varicella vaccines may now be given concomitantly.
- New instructions added to measure serologic status of measles and rubella 1 month after MMR vaccination. If titres are not protective then a second dose of MMR vaccine is indicated 3 months later.
- New instructions to measure serologic status of varicella immunity prior to vaccination and varicella vaccine to be offered to susceptible clients only.
- Now only one dose of varicella vaccine is recommended. Either of the two available varicella vaccines may be used.

Please remove and destroy the following page from the Communicable Disease Control Manual, Chapter 2 – Immunization Program, Section III

Page 17

Dated June 2012

Please insert the following page in the Communicable Disease Control Manual, Chapter 2 – Immunization Program, Section III

Page 17

Dated October 2012

If you have any questions or concerns, please contact Andrea Derban, Clinical Nurse Specialist, at telephone (604) 707-2542, fax (604) 707-2515 or by email at andrea.derban@bccdc.ca

Sincerely,



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